## **SCHEDULE UTC** Form 740

42A740-UTC

Commonwealth of Kentucky

➤ Attach to your tax return. ➤ See instructions.

For calendar year or

**UNEMPLOYMENT TAX CREDIT** 

Name of	f Individual, Partnership or Corporation				Soc	ial Sec	urity I	Numbe	r	
Street Address or P.O. Box			Apt. Number		Federal Employer ID Number					
City		State	ZIP Coo						Code	
PARTN	ERS / BENEFICIARIES / S CORPOR	ATION SHAREHOLDERS								
Enter n	ame and address of partnership fro	om Form 765, estate or trust f	rom Form 741	or S c	orpor	ation	from	Form	า 7205	<b>3</b> .
F	our share of credit from form 765, Schedule K-1 form 741, Schedule K-1 form 720S, Schedule K-1						· _	t of Sc	hedul	e UTC
PERSO	NS EMPLOYED									
employ	pelow the name(s), Social Security yee(s) for whom you are claiming during the tax year. (Additional en	a credit. Also enter the date				ate er	nploy	yee w	as on	
	Employee's Name	Social Security Number	Departme Employr Servic	ment	Date Employed			Date Employed Through		
			Certificate N	lumber		Day	Yr.	Mo.	Day	Yr.
1.										
2										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
29. (a)	Enter number of employees listed	above								
(b)	Enter number of employees listed	on reverse of this form								
30. Ad	d lines 29(a) and 29(b), enter total									

31. Multiply the amount on line 30 by \$100, enter total. This is the total unemployment tax credit ........

## INSTRUCTIONS

Kentucky law permits an unemployment tax credit against the income tax liability of employers who hire qualified unemployed Kentucky residents. The credit is \$100 per qualified person hired. To qualify, the person employed must have been officially unemployed for 60 days immediately prior to employment and must have remained employed for 180 consecutive days during the tax year. The Cabinet for Workforce Development must classify persons hired as being unemployed.

A taxpayer/employer cannot claim the credit for an employee: (1) for whom the taxpayer/employer receives federally funded payments for on-the-job training; or (2) who qualifies as a dependent of the taxpayer/employer for federal and state income tax purposes; or (3) who is a relative of the taxpayer/employer, or an individual who owns more than 50 percent of the outstanding stock of a corporation; or (4) if the taxpayer/employer is an estate or trust, who is a grantor, beneficiary or fiduciary of the estate or trust, or who is a relative of the grantor, beneficiary or fiduciary.

Partnerships, S corporations, estates and trusts must pass through the unemployment tax credit pro rata to partners, shareholders and beneficiaries. A copy of this schedule or other evidence of the credit must be furnished to the respective taxpayers. Partners', shareholders' and beneficiaries' unemployment tax credit is limited to 90 percent of their Kentucky tax liability and the excess may be carried back three years and forward 15 years. The limitation and credit are applied to the Kentucky income tax liability before any prepayments or other cash payments are credited to the taxpayer's account for the taxable year.

This schedule must be attached to Form 740, 740-NP, 741, 765, 720 or 720S before credit will be allowed.

	Employee's Name	Social Security Number	Department for Employment Services Certificate Number	Employment Dates						
				Date Employed			Date Employed Through			
				Mo.	Day	Yr.	Mo.	Day	Yr.	
11.										
12.										
13.										
14.										
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